

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



November 16, 1999

ALL-COUNTY INFORMATION NOTICE NO. I-86-99

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CAPI PROGRAM MANAGERS

**REASON FOR THIS TRANSMITTAL**

- ☐ [...] State Law Change
- ☐ [ ] Federal Law or Regulation Change
- ☐ [ ] Court Order or Settlement Agreement
- ☐ [ ] Clarification Requested by One or More Counties
- ☒ [ X ] Initiated by CDSS

**SUBJECT: JANUARY 2000 COST OF LIVING ADJUSTMENTS (COLA) THAT AFFECT THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)**

**REFERENCE: ACIN No. I-77-98**

This All County Information Notice provides the new CAPI Payment Standards, effective January 1, 2000. The attached CAPI payment standards chart details these standards.

As required by Section 18941 of the Welfare and Institutions Code, the CAPI payment standard is based on the Supplemental Security Income/State Supplementary Payment (SSI/SSP) standards, minus \$10.00 for an individual and \$20.00 for a couple. These CAPI increases are a result of a state 2.36 percent COLA for SSI/SSP, effective January 1, 2000.

The separate federal SSI COLA also affects the following values that can impact CAPI eligibility and benefit amounts:

- **PRESUMED MAXIMUM VALUE (PMV) OF THE IN-KIND SUPPORT AND MAINTENANCE**
  - To compute this value, take 1/3 of the federal SSI amount and add \$20.00. This changes the PMV from \$186.66 to \$190.66 for an individual and from \$270.33 to \$276.33 for a couple.

- ALLOWANCE FOR INELIGIBLE CHILDREN IN DEEMING SITUATIONS
  - To compute this allowance, determine the difference between the federal benefit amount for an individual and couple for SSI. This changes the allowance from \$251.00 to \$257.00.
  - This allowance is entered, when appropriate, on the Income Eligibility Worksheet (SOC 452), line B.2.a, when determining a CAPI benefit amount for a case involving deeming income from an ineligible spouse.
  
- SPONSOR'S ALLOCATION IN ALIEN DEEMING SITUATIONS
  - This allocation equals the federal SSI rate for an individual. This changes the allocation from \$500.00 to \$512.00.
  - This allowance is entered, when appropriate, on the Sponsor to Alien Deeming Worksheet (SOC 454), line 2, when determining a CAPI benefit amount for a case involving deeming income from a sponsor.

Any questions regarding these adjustments should be directed to your Operations Analyst at (916) 229-4000.

Sincerely,

***Original Signed By***  
***Donna L. Mandelstam on 11/16/99***  
DONNA L. MANDELSTAM  
Deputy Director  
Disability and Adult Programs Division

Attachment

**CAPI PAYMENT STANDARDS**  
EFFECTIVE JANUARY 1, 2000  
BASED ON JANUARY 2000 SSI/SSP STANDARDS  
SECTION 18941 WELFARE AND INSTITUTIONS CODE

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP
<b>INDIVIDUAL:</b>												
AGED OR DISABLED	682.00		692.00	519.00		529.00	669.00		679.00	837.00		847.00
- without cooking facilities (RMA) 1/	755.00		765.00	N/A		N/A	N/A		N/A	N/A		N/A
BLIND	739.00		749.00	589.00		599.00	669.00		679.00	837.00		847.00
DISABLED MINOR												
- living with parent(s)	583.00		593.00	411.00		421.00						
- living with non-parent relative or non-relative guardian	583.00		593.00	411.00		421.00	669.00		679.00	837.00		847.00
<b>COUPLE:</b>	<b>BOTH CAPI</b>	<b>ONE CAPI, ONE SSI</b>	<b>BOTH SSI/SSP</b>	<b>BOTH CAPI</b>	<b>ONE CAPI, ONE SSI</b>	<b>BOTH SSI/SSP</b>	<b>BOTH CAPI</b>	<b>ONE CAPI, ONE SSI</b>	<b>BOTH SSI/SSP</b>	<b>BOTH CAPI</b>	<b>ONE CAPI, ONE SSI</b>	<b>BOTH SSI/SSP</b>
AGED OR DISABLED												
- per couple	1,209.00	1,219.00	1,229.00	986.00	996.00	1,006.00	1,376.00	1,386.00	1,396.00	1,674.00	1,684.00	1,694.00
- without cooking facilities (RMA) 1/	1,355.00	1,365.00	1,375.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	1,404.00	1,414.00	1,424.00	1,182.00	1,192.00	1,202.00	1,376.00	1,386.00	1,396.00	1,674.00	1,684.00	1,694.00
BLIND/AGED OR DISABLED												
- per couple	1,331.00	1,341.00	1,351.00	1,108.00	1,118.00	1,128.00	1,376.00	1,386.00	1,396.00	1,674.00	1,684.00	1,694.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	\$34	\$68
SSI/SSP	44	88

1/ RMA - Restaurant Meals Allowance - \$73 Individual; \$146 Couple